

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015210

STATE FILE NUMBER

2 2645

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		d. STREET ADDRESS (If outside, give location) <u>1904 Bacon Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>Jones</u> Last <u>Jones</u>		4. DATE OF DEATH Month <u>3</u> Day <u>13</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-21-1922</u>
9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Amie Harris</u>	
14. NAME OF HUSBAND OR WIFE <u>Georgia Jones</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>500-16-4173</u>		17. INFORMANT <u>Georgia Jones</u> Address <u>1904 Bacon Street</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Labor Pneumonia, stab wound of chest.</u> DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Enter only one condition per line for (a), (b), and (c). <u>Asphyxiated when stabbed with knife in hands of one Ross</u> <u>in home at 15216 Jeffersonville about 946 a.m., April 22, 1959. Whether justifiable or Homicidal could not be determined.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>E982x</u>
20a. ACCIDENT OR HOMICIDE <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Homicide		20b. HOW INJURY OCCURRED (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Stabbed in home</u>	
20c. TIME OF INJURY Hour <u>946 a.m.</u> Month, Day, Year <u>April 22, 1959</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20e. CITY, TOWN, OR LOCATION <u>St. Louis</u>		20f. COUNTY <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>210A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) <u>Patrick Taylor Carver</u>		22b. ADDRESS <u>1300 Clark</u>	
22c. DATE SIGNED <u>3.16.59</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-17-59</u>	
23c. LOCATION (City, town, or county) <u>St. Louis County, Missouri</u>		23d. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Ellis Funeral Home, Inc. 2820 Stoddard</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 16 '59</u>	
26. REGISTRAR'S SIGNATURE <u>Roan Smith. M.D.</u>		27. REGISTRAR'S SIGNATURE <u>J.C.</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by , Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Fulton E. Culkin

Licensed Embalmer No. *4198*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.